<u> </u>	2-3-4-		Application or Docket Number												
	PATENT APPLICATION FEE DETERMINATION RECO Effective November 10, 1998									09219121					
一	_	SMALL ENTITY TYPE			OR	OTHER THAN									
FO	R	NUMBE	(Column 1) NUMBER FILED			NUMBER EXTRA			RATE FEE			RATE	FEE		
BA	SIC FEE									380.00	OR		760.00		
TO	TAL CLAIMS	16	/6 minus 20=			•			X\$ 9=		OR	X\$18=			
IND	EPENDENT CL	AIMS 5	5 minus 3 =			* 2			X39=		OR	X78=	156		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT	INT					+130=		OR.	+260=			
• 15	* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	916		
A	CLAIMS AS AMENDED - PART II								VL		1	OTHER			
L	1	(Column 3)		SMALL ENTITY				SMALL							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
3	Total	*	Minus	##		=		X\$ 9	=		OR	X\$18=			
ME	Independent	•	Minus	dete		=		X39-			OR	X78=			
	FIRST PRESE	DENT CLAIM		 	+130	_		OR	+260=						
											08	TOTAL			
	1	•	VODIT. F	EEI	<u></u>		addit. Fee!								
	5	(Column 1) CLAIMS			Column 2) HIGHEST	(Column 3)) [٦	ADDI-			ADDI-		
N T		REMAINING AFTER AMENDMENT		Pf	NUMBER REVIOUSLY PAID FOR	PRESENT EXTHA		RATE		TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT	Total	* /8	Minus	***	20	= /	1	X\$ 9:	=		OR	X\$18=	7		
MEN	Independent	• 5	Minus	•••	• 5	=/	lt	X39=			OR	X78=			
∀	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								7			+260=)		
	P. F.							+130: TOT			OR	+260=	-(
	P	,	DDIT. F			OR	ADDIT, FEE								
<u>L</u> ,		(Column 1)			Column 2)	(Column 3)					. 1				
ENT C	,	REMAINING AFTER AMENDMENT		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	• 18	Minus	-	20	= /		X\$ 9			OR	X\$18=			
ME	Independent	• 5	Minus	***		= /		X39=			OR	X78=	/		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PEN	DENT CLAIM		!	+130=				+260=			
١.,	f the entry in colu	mn 1 is less than th	he entry in colu	mn 2	, write "0" in col	lumn 3.	L	TOT			OR	TOTAL			
	If the "Highest Nu	mber Previously Pa	aid For IN THIS	S SPA	ACE is less that ACE is less the	in 20, enter "20." in 3. enter "3."		DOIT. F	EE			ADDIT. FEE	<u> </u>		
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															

PATENT APPLICATION FEE DETERMINATION RECORD Effective

Application or Docket Number

09219121

CLAIMS AS FILED - PART I										CAITITY	·		
(Column 1) (Column 2)									TYPE	. ENTITY	OF	OTHE	RTHAN
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	٦	RATE	ENTITY
В	ASIC FEE		100								OR	In the state of the	710.00
Τ	OTAL CLAIMS			minus	20=	*		•	X\$ 9=		7		710.00
ΙN	DEPENDENT (CLAIMS		minu	s 3 =	*				-	OR	·	
MULTIPLE DEPENDENT CLAIM PRESENT									X \$40		OR	X \$80	
*1	* If the difference in column 1 is less than a sure in the sure in										OR	+ \$270=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	
	() CLAIMS AS AMENDED - PART II											OTHER	THAN
	(Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL	
AMENDMENT A		REM AF	AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	18	Minus	**	20	= /] [X\$ 9=		OR	X\$18=	
¥.	Independent-	* ENTATIO	N OF M	Minus	MAA DENIO]=/	1	X \$40=		OR	x _{\$80=}	-
FIRST-PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+\$135=		OR	+ \$270=	
								L	TOTAL		امرا	TOTAL	
		(Colu	(mn 1)		(C	olumn 2)	(Column 3)		DDIT. FEE		1	ADDIT. FEE	
ENT B		REM/	NMS NNING TER DMENT		PR	IIGHEST VUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total	*		Minus	**	AIDFOR	=	┧┟	V6 0	FEE		V640	FEE_
MEN	Independent	*		Minus	***		=	┧┟	X\$ 9=		OR	X\$18=	
۷	FIRST PRESE	OITATIO	N OF MU	JLTIPLE DEI	PEND	ENT CLAIM	J	1 -	X \$40=		OR	X\$80=	
								1	+ \$135=		OR	+\$270=	
								Δ.	TOTAL DOIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Colu	mn 1)		(Co	olumn 2)	(Column 3)	~~	JOH . 1 CE E		. ,	WDII. FEET	
MENIC		REMA AF	IMS INING TER DMENT		H N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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¥ I	Independent	*		Minus	ddd		=	I }−	X _{\$40=}		ŀ	X _{\$80=}	•
	FIRST PRESE	OIIAIN	Y OF MU	LTIPLE DEF	END	ENT CLAIM		l	- φ40-		OR	- AQU=	
• #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	1 \$270=	
	I BIR LINGUEST MOL	TOOK HYEV	TOURIV Pai	d For IN THE	RPA/	Y le loce that	200 ander 200 f	· An	TOTAL OIT, FEE		OR 🗸	TOTAL DOIT. FEE	
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEUH ADIT. FEEUH ADDIT. FEEUH ADIT. FEEUH ADDIT. FEEUH ADDIT. FEEUH ADDIT. FEEUH ADDIT.													